

Magnetic Resonance Imaging (MRI) Services Workgroup 2006
 Discussion Items – Working Document
 Prepared by: MDCH

1. Review Section 13(2)(e) – consider whether or not a rural multiplier should be allowed for expansion. Note: Consideration from 1/31/06 Public Hearing.	
<p>Current Standards:</p> <p>Sec. 13. (2) The Department shall apply not more than one of the adjustment factors set forth in this subsection, as applicable, to the number of MRI procedures adjusted in accordance with the applicable provisions of subsection (1) that are performed by an existing MRI service or unit.</p> <p>(a) For a site located in a rural or micropolitan statistical area county, or for the November 1, 2005 MRI Service Utilization List, a county designated as "rural" as that term was defined under the "standards for defining metropolitan areas in the 1990s" by the statistical policy office of the office of information and regulatory affairs of the United States office of management and budget, 55 F.R. p 12154 (March 30, 1990), the number of MRI adjusted procedures shall be multiplied by a factor of 1.4.</p> <p>(b) For a mobile MRI unit that serves hospitals and other host sites located in rural, micropolitan statistical area, and metropolitan statistical area counties, the number of MRI adjusted procedures for a site located in a rural or micropolitan statistical area county, or for the November 1, 2005 MRI Service Utilization List, a county designated as "rural" as that term was defined under the "standards for defining metropolitan areas in the 1990s" by the statistical policy office of the office of information and regulatory affairs of the United States office of management and budget, 55 F.R. p 12154 (March 30, 1990), shall be multiplied by a factor of 1.4 and for a site located in a metropolitan statistical area county, the number of MRI adjusted procedures shall be multiplied by a factor of 1.0.</p> <p>(c) For a mobile MRI unit that serves only sites located in rural or micropolitan statistical area counties, or for the November 1, 2005 MRI Service Utilization List, a county designated as "rural" as that term was defined under the "standards for defining metropolitan areas in the 1990s" by the statistical policy office of the office of information and regulatory affairs of the United States office of management and budget, 55 F.R. p 12154 (March 30, 1990), the number of MRI adjusted procedures shall be multiplied by a factor of 2.0.</p> <p>(d) For a mobile MRI unit that serves only sites located in a health service area with one or fewer fixed MRI units and one or fewer mobile MRI units, the number of MRI adjusted procedures shall be multiplied by a factor of 3.5.</p> <p>(e) Subsection (2) shall not apply to an application proposing a subsequent fixed MRI unit (second, third, etc.) at the same site.</p>	<p>Status:</p> <p>5/16/06: The workgroup agreed that the multiplier would be allowed for the second unit only.</p> <p>Subsection 13(2)(e) would be changed to read as follows:</p> <p>(e) Subsection (2) shall not apply to an application proposing a subsequent fixed MRI unit (second, third, <u>FOURTH</u>, etc.) at the same site.</p> <p>9/19/06: Dr. Sandler reported to the CON Commission that this item needed further discussion – another workgroup meeting will be scheduled.</p> <p><i>MDCH Policy Perspective:</i> The creation of a rural multiplier (currently 1.4) was designed to be used to calculate the adjusted procedures required to obtain an initial fixed MRI unit in rural and micropolitan statistical areas. It recognizes the disadvantages associated with low population densities found in such areas. The multiplier addresses the density barrier that denies a fixed service for these communities. However, once the initial magnet is obtained and the rural or micropolitan area has a fixed service available, that fixed MRI unit must perform at the levels proscribed for all other fixed units when expansion is contemplated. There is not a sufficient rationale to support this change to the current use of the rural multiplier from its current use on only the first MRI.</p>

2. Consider partial use of a clinical MRI for research and consider weights for partial use of a clinical MRI visit for research. Note: Consideration from 1/31/06 Public Hearing.

<p>Current Standards:</p> <p>Sec. 13. (1) The Department shall apply the following formula, as applicable, to determine the number of MRI adjusted procedures that are performed by an existing MRI service or unit:</p> <ul style="list-style-type: none"> (a) The base value for each MRI procedure is 1.0. (b) For each MRI visit involving a pediatric patient, 0.25 shall be added to the base value. (c) For each MRI visit involving an inpatient, 0.50 shall be added to the base value. (d) For each MRI procedure performed on a sedated patient, 0.75 shall be added to the base value. (e) For each contrast MRI procedure performed after use of a contrast agent, and not involving a procedure before use of a contrast agent, 0.35 shall be added to the base value. (f) For each contrast MRI procedure involving a procedure before and after use of a contrast agent, 1.0 shall be added to the base value. (g) For each MRI procedure performed at a teaching facility, 0.15 shall be added to the base value. (h) The results of subsections (a) through (g) shall be summed, and that sum shall represent an MRI adjusted procedure. <p>Note: The current standards allow for research scans to be done on a clinical MRI unit and for those scans to be counted.</p>	<p>Status:</p> <p>5/16/06: The concept would allow for clinical use during the research unit's "downtime," which could help the institution defray the cost of the research unit. The current standards allow for clinical scans to be done on a research unit, but they are not billable scans. Joan Lowes, representing University Physican's Group, will draft language and work with the Department. Lynn Bosscher, Spectrum Health, will draft language for the weight.</p> <p>9/19/06: The CON Commission approved & moved forward language for Public Hearing that would allow 0.25 to be added to the base value for each MRI visit that involves both a clinical and research scan on a single patient in a single visit.</p> <p>9/19/06: Dr. Sandler reported to the CON Commission that the partial use of a clinical MRI for research needed further discussion – another workgroup meeting will be scheduled.</p> <p><i>MDCH Policy Perspective:</i> DCH has concerns that dual purpose research/clinical MRI units could, over time, be subject to inappropriate utilization. The typically time-limited nature of research projects could make meaningful compliance activities difficult. The potential "extra" capacity available via a research/clinical machine could provide the owner with a built-in procedure generation to support subsequent service expansions. Similar concerns were shared with the CON Commission during the discussion on dual purpose research/clinical PET units on September 19, 2006. At that time the Commission did not approve the dual purpose services. The Department sees little difference in these discussions. Finally, there is no compelling evidence that the existing review standards governing fully dedicated research MRI units are inadequate.</p>
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3. Consider elimination of Sec. 3(4)(c)(ii)(A) for conversion from a mobile unit to a fixed MRI unit for rural hospitals. Note: Consideration from 1/31/06 Public Hearing.

<p>Current Standards:</p> <p>Sec. 3. (4) An applicant that meets all of the following requirements shall not be required to be in compliance with subsection (1):</p> <ul style="list-style-type: none">(a) The applicant is proposing to initiate a fixed MRI service.(b) The applicant is currently a host site being served by one or more mobile MRI units.(c) The applicant has received, in aggregate, the following:<ul style="list-style-type: none">(i) at least 6,000 MRI adjusted procedures within the most recent 12-month period for which data, verifiable by the Department, are available or(ii) at least 4,000 MRI adjusted procedures within the most recent 12-month period for which data, verifiable by the Department, are available, and the applicant meets all of the following:<ul style="list-style-type: none">(A) is located in a county that has no fixed MRI machines that are pending, approved by the Department, or operational at the time the application is deemed submitted;(B) the nearest fixed MRI machine is located more than 15 radius miles from the application site;(C) the applicant is a nonprofit licensed hospital site;(D) the applicant certifies in its CON application, by providing a governing body resolution, that the board of trustees of the facility has performed a due diligence investigation and has determined that the fixed MRI service will be economically viable to ensure provision of safe and appropriate patient access within the community hospital setting.(d) All of the MRI adjusted procedures provided at the applicant's approved site in the most recent 12-month period, referenced in (c) above, by each mobile MRI service/units from which any of the MRI adjusted procedures are being utilized to meet the minimum 6,000 or 4,000 MRI adjusted procedures shall be utilized to meet the requirements of (c). [For example: If mobile network 19 provided 4,000 adjusted procedures, network 21 provided 2,100, and network 18 provided 1,000, all of the adjusted procedures from network 19 and 21 must be used (i.e., 6,100) but the 1,000 adjusted procedures from network 18 do not need to be used to meet the 6,000 minimum.](e) The applicant shall install the fixed MRI unit at the same site as the existing approved host site.	<p>Status:</p> <p>5/16/06: Eliminate Section 3(4)(c)(ii)(A) for rural and micropolitan statistical area counties. Lynne Bosscher, Spectrum Health, will draft language.</p> <p>9/19/06: Dr. Sandler reported to the CON Commission that this item needed further discussion – another workgroup meeting will be scheduled.</p> <p><i>MDCH Policy Perspective:</i> Applying the CON principles of cost, quality, and access to the issue of additional fixed MRIs in counties currently served by a fixed unit, the Department has not identified a quality issue since the quality of a magnetically resonanced image is not dependent on whether the machine producing the image is movable or not. Further, the availability of a fixed service in the county insures that any perceived quality issue can be resolved by using the fixed magnet. Access can be addressed by the availability of mobile as well as fixed service in the county. If the mobile site requires additional time, the service provider in most cases can make such time available. The final issue, cost, speaks against allowing the use of 4,000 MRI adjusted procedures and in favor of 6,000. The greater procedure level insures that a machine, acquired at a fixed cost, will be functioning at a more cost effective level per procedure. At the current time there does not appear to be sufficient rationale to support the suggested change.</p>
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4. A proposed change to Section 13(2)(a) that would allow certain Michigan hospitals currently treated as located in "metropolitan" counties to be treated as "rural" counties for purposes of calculating their actual adjusted MRI procedures. The eligible hospitals are the only hospitals in their counties and qualify under the Public Health Code to be designated as "critical providers" for purposes of the federal Critical Access Hospital program. Note: This proposal was received prior to the 9/19/06 CON Commission meeting and has not been reviewed by the workgroup.

Current Standards:

Sec. 13. (2) The Department shall apply not more than one of the adjustment factors set forth in this subsection, as applicable, to the number of MRI procedures adjusted in accordance with the applicable provisions of subsection (1) that are performed by an existing MRI service or unit.

(a) For a site located in a rural or micropolitan statistical area county, or for the November 1, 2005 MRI Service Utilization List, a county designated as "rural" as that term was defined under the "standards for defining metropolitan areas in the 1990s" by the statistical policy office of the office of information and regulatory affairs of the United States office of management and budget, 55 F.R. p 12154 (March 30, 1990), the number of MRI adjusted procedures shall be multiplied by a factor of 1.4.

(b) For a mobile MRI unit that serves hospitals and other host sites located in rural, micropolitan statistical area, and metropolitan statistical area counties, the number of MRI adjusted procedures for a site located in a rural or micropolitan statistical area county, or for the November 1, 2005 MRI Service Utilization List, a county designated as "rural" as that term was defined under the "standards for defining metropolitan areas in the 1990s" by the statistical policy office of the office of information and regulatory affairs of the United States office of management and budget, 55 F.R. p 12154 (March 30, 1990), shall be multiplied by a factor of 1.4 and for a site located in a metropolitan statistical area county, the number of MRI adjusted procedures shall be multiplied by a factor of 1.0.

(c) For a mobile MRI unit that serves only sites located in rural or micropolitan statistical area counties, or for the November 1, 2005 MRI Service Utilization List, a county designated as "rural" as that term was defined under the "standards for defining metropolitan areas in the 1990s" by the statistical policy office of the office of information and regulatory affairs of the United States office of management and budget, 55 F.R. p 12154 (March 30, 1990), the number of MRI adjusted procedures shall be multiplied by a factor of 2.0.

(d) For a mobile MRI unit that serves only sites located in a health service area with one or fewer fixed MRI units and one or fewer mobile MRI units, the number of MRI adjusted procedures shall be multiplied by a factor of 3.5.

(e) Subsection (2) shall not apply to an application proposing a subsequent fixed MRI unit (second, third, etc.) at the same site.

Status:

9/19/06: Dr. Sandler reported to the CON Commission that this item needed discussion – another workgroup meeting will be scheduled.

MDCH Policy Perspective: As background, the Department supported the original language allowing counties designated as rural by the Statistical Policy Office of the Office of Information and Regulatory Affairs of the United States, Office of Management and Budget to be considered rural for the purpose of allowing them to complete fixed MRI service applications. The change in designations caught several counties unawares and the CON Commission felt it fair to allow them to continue to be considered rural in this limited situation. While the language being proposed is somewhat similar to the earlier waiver, the Department has not had sufficient time to thoroughly review this newly suggested language but notes that language governing the November 1, 2005 MRI list has expired.

5. A proposed change to Section 3(4)(e) that would allow for the fixed MRI unit, after converting from mobile to fixed, to be placed within the relocation zone rather than at the applicant's current, approved host site. Note: This proposal was received after the 9/19/06 CON Commission meeting and has not been reviewed by the workgroup.

Current Standards:

Sec. 3. (4) An applicant that meets all of the following requirements shall not be required to be in compliance with subsection (1):

- (a) The applicant is proposing to initiate a fixed MRI service.
- (b) The applicant is currently a host site being served by one or more mobile MRI units.
- (c) The applicant has received, in aggregate, the following:
 - (i) at least 6,000 MRI adjusted procedures within the most recent 12-month period for which data, verifiable by the Department, are available or
 - (ii) at least 4,000 MRI adjusted procedures within the most recent 12-month period for which data, verifiable by the Department, are available, and the applicant meets all of the following:
 - (A) is located in a county that has no fixed MRI machines that are pending, approved by the Department, or operational at the time the application is deemed submitted;
 - (B) the nearest fixed MRI machine is located more than 15 radius miles from the application site;
 - (C) the applicant is a nonprofit licensed hospital site;
 - (D) the applicant certifies in its CON application, by providing a governing body resolution, that the board of trustees of the facility has performed a due diligence investigation and has determined that the fixed MRI service will be economically viable to ensure provision of safe and appropriate patient access within the community hospital setting.
- (d) All of the MRI adjusted procedures provided at the applicant's approved site in the most recent 12-month period, referenced in (c) above, by each mobile MRI service/units from which any of the MRI adjusted procedures are being utilized to meet the minimum 6,000 or 4,000 MRI adjusted procedures shall be utilized to meet the requirements of (c). [For example: If mobile network 19 provided 4,000 adjusted procedures, network 21 provided 2,100, and network 18 provided 1,000, all of the adjusted procedures from network 19 and 21 must be used (i.e., 6,100) but the 1,000 adjusted procedures from network 18 do not need to be used to meet the 6,000 minimum.]
- (e) The applicant shall install the fixed MRI unit at the same site as the existing approved host site.

Status:

Background

12/9/03: CON Commission agreed to have the Department along with Dr. Sandler as the Commission Liaison to put together a group to look at a lower threshold for conversion (the resulting 4,000).

2/4/04: Workgroup meeting held.

3/9/04: Language presented to the Commission, including the requirement that the fixed unit be placed at the same site as the current, approved host site. Commission took Proposed Action.

4/1/04: Public Hearing held.

5/11/04: Commission took Final Action.

MDCH Policy Perspective: Subsection (e) has been written and rewritten as permissive and restrictive at different times over the last several years. Since a MRI unit can be relocated within the replacement zone already, approving this language would allow the unit to be converted and placed within the replacement zone all at the same time, saving the provider and the Department the additional expense and paperwork associated with two (2) applications. This change could be supported by the Department.